and marketing

BUREAU OF V	BOARD OF HEALTH STATISTICS FIFICATE OF BIRTH State File No. 4/20 Registered No. 4/20
County State Myona	
District or Township Village	
City No 2 Tour Carous, Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Lazaro Mlsa [If child is not yet named, make supplemental report, as directed.]	
3. Sex of Child To be asserted ONLY 4. Twin, triplet or other 16. Legitimate?	
Male in event of plural births. 5. No., in order of birth yes 7. Date of birth Month Day Year	
8. FATHER Full name Selfantian Mena	14. MOTHER Full maiden name Folia Control
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Miami, I
If non-resident, give place and state. Wyova.	If non-resident, give place and state. Wisons.
10, Color or race	16 Color or race
Mely. 11. Age at last birthday 32 (Years)	Mex. 17. Age at last birthday 22 (Years)
12. Birthplace (city or place) 3 a cete cas.	18. Birthplace (city or place) Za cete cae
(State or country) Mex.	(State or country)
13. Occupation	19. Occupation
Nature of industry Mindr	Nature of industry Housewile
20. Number of children of this mother (a) Born slive a	
(Taken as of time of birth of child herein certified and including this child.) (b) Born salve in the child herein certified and including this child.)	but now dead
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 45	
(Born slive or stillborn.)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breather no.	
Shows other evidence of life after birth.) (Physician or midwid): Given name added from	
a supplemental report Month, day, year	
Friedte	17 00 ,2/ NO. 6. Orm
Registrar	Registrar
341-926	-619